

RISING STAR MIDDLE SCHOOL BASKETBALL LEAGUE

NAME: _____ SCHOOL: _____

2013-2014 GRADE:_____ **AGE:**_____ **D.O.B**_____

ADDRESS: _____

NUMBER	CITY	STATE	ZIP
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HOME PHONE: _____ **MR. WORK:** _____ **MRS. WORK:** _____

EMERGENCY NAME: _____ **PHONE:** _____

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program. Agree to abide by all department rules and regulations.

Print Parent's/Guardian's Name: _____

Signature: _____ **Date:** _____